



LIVING WELL WITH DIABETES

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The Myths of Starting Insulin

People with type 2 diabetes can be treated with different pills to manage their disease. Some pills help the body use insulin better and others help the body make more insulin, but for some individuals insulin replacement therapy is the best way to control the disease. Despite this, many are reluctant to begin insulin replacement therapy due to myths related to insulin.

Myth 1: Insulin means you failed at managing diabetes. Diabetes is a progressive disease and over time your pancreas will make less insulin. That means that the longer you have diabetes the more likely you are to need insulin

replacement. If this happens, it means your diabetes treatment is failing, not you as a person.

Myth 2: Insulin causes diabetes complications. Complications of diabetes are caused by uncontrolled diabetes. Insulin is started when medications are no longer working to control diabetes. If insulin lowers blood glucose, it will also lower the chance of complications.

Myth 3: Injections hurt. If injections are given in the correct areas, you are less likely to feel in insulin injection than you are to feel a finger stick to test blood glucose.

Myth 4: Once I start, I will never be able to stop. Just like diabetes pills, with weight loss, changes to eating habits, and increased exercise, you can decrease medication dosages or come off of some diabetes medications altogether. The same is true with insulin, but it varies between individuals. The decision to change treatment usually occurs when the A1c is greater than 7%.

If your healthcare provider recommends insulin for you, thank them. It means they care enough about you to do what is best to keep you healthy and complication-free with diabetes.

Six Tips For Starting An Exercise Routine

Being physically active has many benefits. It reduces blood glucose, reduces stress, and assists in maintaining a healthy weight. It is also associated with lowering the risk for heart disease, high blood pressure, and some kinds of cancer. If you are currently not physically active, follow these tips to begin a new routine.

Start Slowly. Increase exercise slowly to prevent injuries and muscle pain. Begin with 10-15 minutes per day and increase by 5-10 minutes every week. Current

guidelines recommend 150 minutes of physical activity per week.

Drink Plenty of Water. It is important to stay hydrated before, during, and after exercise.

Make It A Routine. Goals are more likely to be met if the activity is done at the same time every day. It becomes a habit.

Try Something New. Exercise should be fun. There are multiple activities to try and make it more interesting such as line dancing, tai chi, or yoga.



Invite Friends and Family. Everyone needs to exercise for health and it may be more enjoyable with friends and family.

Wear Comfortable Clothes and Shoes. Proper fitting shoes and comfortable clothing will make the exercise more enjoyable.

Eating 2 Meals Daily Better for Weight Loss?



Recent research has been reported that eating two large meals daily was shown to result in greater weight loss in type 2 diabetes than eating 6 small meals. Unfortunately there is more to the story than this sensational headline.

The study looked at only 54 participants in the Czech Republic. Half of the participants were told to eat one meal between 6 and 10 am and the second between 12 and 4 pm and no other meals or snacks. The other

group was allowed to eat 6 small meals throughout the day.

The study showed that both groups consumed the same number of calories, but the group eating only 2 meals had slightly more weight loss in the 12 week study period. This group also had lower fasting blood glucose and A1c results after just 12 weeks.

Unfortunately, no blood glucose testing after the large or small meals was done in this

study. Also, because the study was only 12 weeks long, there is no information showing how long the weight loss and lower A1c would be maintained if this meal plan was followed for longer than the study period.

When choosing a meal plan for diabetes, it is important to choose something you can stick with for a lifetime. Evidence continues to support a diet of 3 meals daily as the best method for weight maintenance and glucose management.

A New Class of Diabetes Medication

A newer class of diabetes medications came on the market in March of 2013. These drugs work in the kidneys to help lower blood glucose.

The kidneys work to filter and remove waste from our bodies, including extra glucose. One particular transporter is responsible for about 90% of the glucose reabsorption in the kidney and these new drugs prevent this reabsorption in the body.

When the glucose is not reabsorbed, it is excreted in the urine, which lowers the risk of high blood glucose in the body.

Studies on this class of drugs show that it can lower A1c by 0.5-0.6% and they have been associated with a slight weight reduction.

The primary side effect of this class of drugs, called SGLT-2 inhibitors, is increased urinary

or genital infections. These infections were found to be 4 times more common in study participants who took the drug compared to those on the placebo.

Invokana® (canagliflozin) was the first drug in this class and Farxiga™ (dapagliflozin) was approved earlier this year. There are currently others in this class awaiting FDA approval.

SGLT-2 Inhibitors have been shown to lower A1c by 0.5 to 0.6%



Low Income Linked to More Low Glucose

It is estimated that one in seven households in our country cannot reliably afford food. With this in mind, researchers looked at over 2 million hospital admissions and compared the hospitalizations of low income patients to that of high income patients. They found that patients with diabetes who had low incomes were more likely to suffer from hypoglycemia,

or low blood glucose. Furthermore, these individuals were 27% more likely to have low blood glucose in the last week of the month than in the first week of the month.

This could be caused by the depletion of the food budget for low income patients that occurs at the end of the month. Without the money to buy food, one is less likely to eat appropriately,

which can result in low blood glucose for those with diabetes that is managed by medication.

If you or someone you know suffers from a limited food budget, be aware that it can impact your overall health. Area food pantries may be able to help those that qualify by providing additional food staples at the end of the month if food at home is limited.

Keep An Eye On Portion Size



A "portion" is a description of the serving size consumed at meals or snacks. Portions can be bigger or smaller than the recommended serving size.

A "serving" is a unit of measure used to describe the amount of food **recommended** from each food group by the 2010 Dietary Guidelines. A recommended serving of whole grains is 1 slice of bread, 1/2 cup of rice or pasta, or 1 ounce of cereal. The portions can be measured with a small scale, measuring cups for dry products, or liquid measuring cups for other foods and liquids.

we commonly eat can assist with weight goals and blood glucose control.

Do you know how food portions have changed in 20 years? Visit this website to compare portions of commonly eaten foods: <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/portion/index.htm>

Ratatouille (Stewed Vegetables)

Source: <http://www.eatingwell.com/recipes/ratatouille.html>

Makes 10 servings

2 Tbsp extra virgin olive oil
2 onions, coarsely chopped
2 red or yellow bell peppers, seeded and diced
4 cloves garlic, minced
1 1/2 tsp fennel seeds, crushed
1 medium eggplant, diced
2 large zucchini, diced
6 medium ripe tomatoes, coarsely chopped
1/4 cup chopped fresh basil
2 Tbsp chopped fresh thyme
2 Tbsp chopped fresh parsley

Preheat oven to 350°F. Heat 1 Tbsp oil in a Dutch oven over medium heat. Add onions and bell peppers; cook, stirring occasionally, until the vegetables begin to brown, 8-10 minutes. Add garlic and fennel seeds; cook, stirring, until fragrant, about 1 minute more. Transfer the vegetables to a large bowl.

Add 1 1/2 tsp oil to the pot. Add eggplant and cook, stirring frequently, until browned in places, 7-8 minutes. Transfer to the bowl with the vegetables.

Add the remaining 1 1/2 tsp oil to the pot. Add zucchini and cook, stirring frequently, until browned in places, about 5 minutes. Add tomatoes, basil, thyme, and the reserved vegetables and bring to a simmer. Cover the pot and transfer to the oven.

Bake the ratatouille, stirring occasionally, until the vegetables are tender, 35-45 minutes. Season with salt and pepper. Serve hot or at room temperature and garnish with parsley before serving.

Ratatouille is a French vegetable stew that uses summer's bounty of vegetables. It is wonderful served with pasta or grilled fish.

Nutrition Information:

Serving Size: 3/4 cup
Calories 88
Total fat 3 grams
Protein 3 grams
Carbohydrate 13 grams
Dietary Fiber 5 grams
Sodium 29 mg

Agave Syrup—A New Sweetener

Based on national data, added sugars in our diet contribute up to 14.6% of our total calories, with sodas and sports drinks providing the most. Higher intake of added sugars may be linked to increased obesity.

A newer sweetener advertised as a "natural" sweetener is agave. The nectar from aga-

ve is made from the heart of the agave plant. Although agave begins as a "natural elixir", the form purchased in the stores has been processed to form a syrup or nectar to make a more consistent product with a lighter or darker color.

Agave has about 60 calories per tablespoons compared to 40 calories for the same

amount of table sugar. The agave syrup is 1 1/2 times sweeter than sugar, so it is possible to use less of it to achieve the same sweetness with about the same number of calories. The main "sugar" in agave syrup is fructose. Refined agave sweeteners are very similar to high fructose corn syrup and honey due to the fructose content of the

elixir. The American Diabetes Association lists agave along with other sweeteners (table sugar, honey, brown sugar, molasses, fructose, maple sugar and confectioner's sugar) as an ingredient to limit for controlling blood glucose. There is no known health advantage of substituting agave for other sweeteners at this time.

Walkable Areas May Reduce Incidence of Diabetes

According to two recent Canadian research projects, neighborhoods that are more pedestrian friendly may help reduce the rate of diabetes. The Canadian researchers compared areas in which sidewalks were available such as in metropolitan areas to areas that were less suitable for foot traffic. They found that residents of the areas that were considered more "walkable" had lower rates of diabetes. These residents also were less likely to be overweight or obese.

A comparison was made between people living in southern Ontario, considered to be a "highly walkable" area with individuals living in areas where walking outside was more difficult.

The researchers found that people living in the "highly walkable" area had a 13% lower chance of developing diabetes than their counterparts living in the other areas.

"How we build our cities matters in terms of our overall health," lead researcher, Dr. Gillian Booth, an endocrinologist and research scientist at St. Michael's Hospital and the Institute for Clinical Evaluative Sciences in Toronto, said in a news release from the American Diabetes Association.

"This is one piece of a puzzle that we can potentially do something about. As a society, we have engineered physical activity out of our lives. Every opportunity to walk, to get outside, to go to the corner store or walk our children to school can have a big impact on our risk for diabetes and becoming overweight," Booth added.

In a related study, researchers took into account that people who choose to live in "highly walkable" areas may just be more physically active and healthier from the start. Adjusting the data for this factor, researchers still found lower rates of

obesity and diabetes in areas where walking was encouraged. The area noted to be the "most walkable" had a 7% decrease in the incidence of diabetes and a 9% decrease in the incidence of overweight or obese individuals over a 10 year period. During that same timeframe individuals from the area found to be the "least walkable" experienced a 6% increase in people diagnosed with diabetes and a 13% increase in people who were overweight or obese. These findings were in individuals who were younger than 65 years of age.

Findings from both studies suggest that the ease at which residents can get outside to be physically active is an important factor in the overall health and well-being of a town's citizens. The design of neighborhoods should be taken into consideration when strategies for health improvement are being developed and when towns are being planned.



Diabetes Learning Center

1200 JD Anderson Dr, Morgantown, WV 26505
Phone: (304)598-1403 Fax: (304)598-1405

FREE DIABETES SUPPORT GROUP!

Join us on the following dates at 11:30 am in the
Conference Center of Mon General

July 16th: Picnic Side Dishes and Diabetes Trivia

By Diabetes Learning Center Staff

August 20th: Summer Skin Health and Safety Tips

Speaker To Be Determined

September 17th: Stress Management Techniques

By Brenda Hawkins, Employee Wellness Coordinator

STAFF

Andrea McCarty, MS, RD, LD, CDE

Diabetes Education Coordinator

304-598-1805 or mccartya@monhealthsys.org

Beth Semmens, RD, LD, CDE

Dietitian/Diabetes Educator

304-598-1393 or semmense@monhealthsys.org

Karen Rembold, RN, MSN, MBA, CDE

Inpatient Diabetes Education Coordinator

304-285-6974 or remboldk@monhealthsys.org

Charlene Dixon, Department Secretary

304-598-1403 or dixonc@monhealthsys.org



*The American Diabetes Association Recognizes this education service as meeting the National Standards for Diabetes Self-Management Education.